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ECHO

Heart disease is the next hurdle for HIV positive Africans surviving concurrent infections



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A study in Cameroon has shown that people infected with HIV must be tested for heart disease to stand a better chance of survival that improved treatment of opportunistic infections can bring. Doctors must be especially alert because the heart conditions are often silent.

The cross sectional study showed that left ventricular dilatation and HIV infection progressed together, with 23% AIDS patients, 4% HIV positive non-AIDS patients, and no HIV negative patients affected. Disease of the pericardium, with separation, effusion, or thickening were more common in AIDS and HIV positive patients, but not significantly so. Left ventricular dilatation was significantly more common when the CD4 cell count was $\leq 100/\text{mm}^3$. Only one patient (with AIDS) had classic symptoms of congestive heart failure. Among the 75 study patients 30 (40%) had AIDS, 24 (32%) were HIV positive but non-AIDS patients, and 21 (28%) were HIV negative.

The researchers recruited consecutive patients attending one hospital for HIV testing during July–September 1996. After clinical examinations and tests to establish HIV status the patients were examined with two dimensional and M-mode echocardiography. These results were interpreted by a researcher blinded to the patients' HIV status.

HIV infection and the toxicity of antiretroviral drugs to the heart can bring about cardiovascular disease. In Africa HIV infection is booming—in Cameroon it rose nearly three times to 11% in six years—but the link with heart disease is not well known. Improved survival of opportunistic infections means more cardiac disease, and the onus will be on doctors to investigate this actively.

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